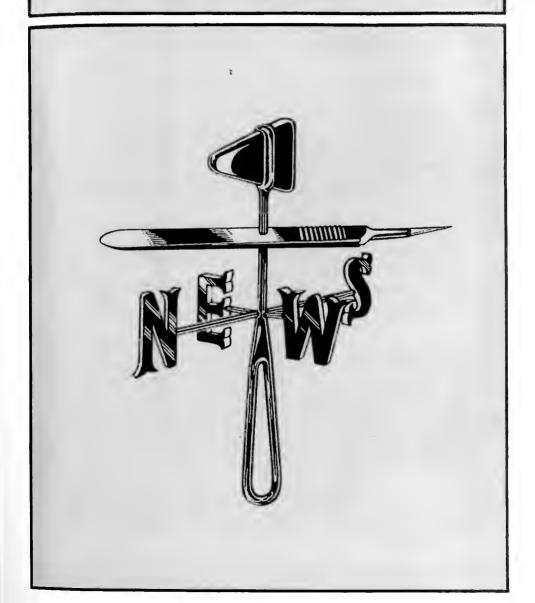
BULLETIN

of the MAHONING COUNTY MEDICAL SOCIETY

Volume LVI

JUNE, 1986

Number 5



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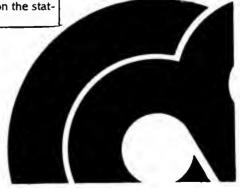
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D. W. HANDEL	S. K. MISHR	L. E. SLUSHER
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Representative to Blue Cross of Eastern Ohio: W. E. Sovik
Executive Director: Robert B. Blake

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From the Desk of the President



As the climate in medicine has changed, the relationship between the doctor and patient has become more stressed, as we all know. Of great significance, also, is the relationship between physicians, who are also under new pressures.

Recently an inquiry was filed with the Mahoning County Medical Society regarding the legality of contractual relationships between physicians. Though these relationships are done with appropriate legal documentation, the question of fee splitting was raised. This raised not only the definition of such fee distribution but also the position of the Medical Society and the position of legislation on this subject.

The American College of Surgeons Bulletin of April 1986 addressed the problem of referral fees as applied to the extracorporeal shock wave lithotripsy installations. The corporations running such installations have arranged for a post op follow up fee to be paid back to the referring physician. As the various ESWL installations compete for referrals, the amount paid back to the referring physician may be increased disproportionate to the fee paid to the physician providing the treatment itself. The American College of Surgeons position statement is "if all ESWL services are billed in a singe statement, full disclosure should be made of the amount of the fee that will be paid to each physician who has rendered professional services in connection with the procedure."

Less than complete disclosure of multiple distribution of the fees may be in violation of the Social Security Act Section 1877 (b) adopted in 1977. Paraphrased, it is quoted from the American College of Surgeons Bulletin V. 71 #4:

- "(1) Whoever knowingly and willfully solicits or receives any remuneration (including any kickback, bribe, or rebate) directly or indirectly, overtly or covertly, in cash or in kind
 - (A) in return for referring an individual to a person for the furnishing or arranging for the furnishing of any item or service for which payment may be made in whole or in part under this title, or
 - (B) in return for purchasing, leasing, ordering, or arranging for or recommending puchasing, leasing, or ordering any goods, facility, service, or item for which payment may be made in whole or in part under this title, . . .
 - (2) Whoever knowingly and willfully offers or pays any remuneration (Continued on Page 116)



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The opinions and conclusions expressed herein do not necessarily represent the views of the Editorial staff nor the official views of the Mahoning County Medical Society.

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Robert R. Fisher, M.D. John C. Melnick, M.D. Benjamin M. Hayek, M.D. Jack Schreiber, M.D. Suman K. Mishr, M.D.

Editorial:

The American Medical Association has granted permission for reprinting the following article from JAMA, March 14, 1986, Volume 255, page 1341, which is "Copyright 1986, American Medical Association." It is applicable to the members of the Mahoning County Medical Society, and makes the point that the containment of costs has in reality led to the containment of care. -
Emil S. Dickstein, M.D.

The Plan

"Hello, Carl?"

"Yes, Andy, what can I do for you?"

"Carl, do you have a few minutes? I'd like to discuss something with you."

"Sure, Andy. What's on your mind?"

"Carl, you and I have known each other a long time. We've worked together on hundreds of patients over the years. You've really been the ideal consultant. You're there day and night. You're sharp. The families love you. I'm sure you'll understand how difficult this is for me."

"What's the matter?"

"I won't be referring patients to you anymore."

"Andy, what's the problem? Was there a problem with a family?"

"No. Nothing like that."

"Well, what is it? Did I miss something? Was there a complaint about me?"

"Carl, you've helped me with some tough cases over the last ten years. You've been available whenever l've needed you. You've seen indigent patients and unfunded patients just as readily as the well insured. I have no gripe with you. Hell, you've bailed me out of some tough clinical situations."

"Then what the hell is the problem?"

"The plan, Carl, the plan. Your name is not on the plan's panel."

"Andy, look. I have the greatest respect for you professionally. We've worked together for many years and our association has been pleasant and gratifying. You're an excellent doctor who always puts the patients' welfare first, and I understand your concern. But you mean to tell me that you can't

From the Desk of the President

(Continued from Page 114)

(including any kickback, bribe, or rebate) directly or indirectly, overtly or covertly, in cash or in kind to any person to induce such person —

- (A) to refer an individual to a person for the furnishing or arranging for the furnishing of scrvice for which payment may be made in whole or in part under this title, or
- (B) to purchase, lease, order, or arrange for or recommend purchasing, leasing, or ordering any goods, facility, service, or item for which payment may be made in whole or in part under this title, shall be guilty of a felony . . . \$25,000 . . . five years . . ."

It is my personal opinion from the standpoint of medical ethics that patients must be informed of the fee distribution when a patient is billed. It is also my opinion that good patient care requires cooperation between physicians and that each physician should be reimbursed according to the services rendered. Consultation from another physician should be based on the quality of his service provided as appropriate to the needs of that particular patient. Financial relationships have traditionally not been the criteria for referral.

It is my opinion that if cases of fee splitting are recognized in the community that the Medical Society review these from an ethical standpoint but the cases should be referred to the State Medical Board for legislative impression.

The Medical Society can do little to legislate the behavior of physicians. The only thing we can do is protect our image as an honorable profession. I hope that every physician will continue to take pride in the opportunity to be a physician and to take that responsibility seriously. Personal gain must never supersede the need of the patient, Honesty, integrity and sincerity continue to be ingredients of our medical professionalism.

Richard A. Memo, M.D.

CME CREDITS NEEDED FOR LICENSE

The first of January, 1987 you must have a new medical license or a renewal of your existing license. The Ohio State Medical Board will start mailing out the proper applications in October, if the former schedule is followed.

To receive an application, you must have your present address on file with the Ohio State Medical Board license department. You cannot assume that they have your present address, if you have moved within the last two years.

As part of the license application, you must certify that you have attained the requisite number of Continuing Medical Education credits. In Ohio, that is 100 hours of credit during the two-year period of 1984-85. The 100 hours must include at least 40 hours of Category I CME. The balance of the hours, or 60 hours, may be Category II CME. The physician is responsible for keeping track of his CME hours. The full 100 hours can be Category I but not more than 60 hours can be Category II.

SPECIAL HONOR FOR DR. ZERVOS

Dr. Skevos Zervos, general practitioner, was recently named "Boss of the Year" by the Youngstown Chapter of the American Business Womens' Association. The meeting was held at the Youngstown Country Club and was the Association's annual Bosses Night event.

Editorial:

(Continued from Page 115)

refer patients to me because of a plan? I don't deal with plans, I deal with people. I have and always will see any patient of yours regardless of plan."

"You don't understand, Carl. By signed contract, I can only refer the patient to a plan doctor. That's the rule. The plan penalizes the patient and me if the referral is to a doctor not in the plan. Why didn't you sign up?"

"I reviewed the plan's contract. It's a morass of prior approval, review of my recommendations as a specialist by nonspecialists, poor payment, and a plan that by capitation pressures all involved to bring the production in under budget to reap a profit. It's care containment, not cost containment!"

"But it's the future."

"I know it's the future. I'm sure I'll be on some panel at some time as the system pressures me into signing because of a dwindling case load. But

not this plan at this time."

"Carl, I hope you understand. If I had my way, all patients that needed a man in your specialty would go, to you. All I know about you is your medical excellence. No cocktails, no dinners, no schmoozing — just medicine. I've found that it's the best way to refer."

"Until now."

"Look, I didn't decide on this. My partners felt it was a move for eco-

nomic survival. The accountants and office manager liked it too."

"Andy, don't you find something inherently wrong with the channeling of referrals along largely economic lines? I mean, the panel of specialists has been anointed by the ledger, not by demonstrated medical excellence."

"Medically, of course it's wrong. In terms of corporate economics, it's dead right. The patients see the low premiums and the glossy ads and sign up in droves. The corporations sign them up, then sign us up and the contract dictates the terms."

"I understand your situation. I appreciate the honesty of this call."

"I'd rather do it straight up front than let you hear it thirdhand in the cafeteria."

"Hey - I'll miss working with you."

"Thanks. This was a hard call for me to make."

"All for the greater good, Andy."

"We'll see.'

Leo A. Gordon, M.D. Los Angeles

___In Memoriam =

PAUL A. DOBSON 1924 - 1986

Dr. Paul A. Dobson, 62, died April 23, 1986 of cardiac arrest in Northridge Hospital, Fort Lauderdale, Florida. He was an anesthesiologist prior to his retirement in 1983.

Born in Youngstown, Dr. Dobson attended Muskingum College, received a bachelor's degree from Ohio State University, and a medical degree from Marquette University. He interned at YHA and took his residency in anesthesiology at YHA. He was associated with Associates in Anesthesiology for 30 years.

Dr. Dobson was a member of the Mahoning County Medical Society, Ohio State Medical Association and the American Medical Association. In 1972, he was a member of the medical-dental mission to Guatemala and Nicaragua. He was a veteran of World War II and the Korean Conflict.

PROCEEDINGS OF COUNCIL April 8, 1986

The regular meeting of the Council of the Mahoning County Medical Society was held Tuesday, April 8, 1986 at the Youngstown Club

The meeting was called to order at 7:28 p.m. by Dr. Memo. The minutes

of the March meeting, having been read, were approved.

The treasurer's report included a monthly bill list, a notice that only 19 members have not paid 1986 dues as compared with 24 who had not paid dues as of this date in 1985, and a list of dues receipts and extra income. A motion was made, seconded and passed to pay each and every bill.

The following applications for membership were presented:

ACTIVE: Wiliam P. Sutherland, D.O. ASSOCIATE: Andrew J. Lockshaw III, D.O.

William R. Gillanders, M.D. Adam Costarella, M.D.

The applications were approved and the applicants will become members of the Mahoning County Medical Society in the voted category 15 days after the names have been printed in the minutes of the April meeting that are mailed to all members, unless an objection is received in writing by the executive director before that effective date.

COMMUNICATIONS:

A communication from Ohio State Medical Association concerning Ohio Project Elderly Needy in which physicians agree to accept the Medicare "approved amount" as payment in full for Medicare beneficiaries in financial need. The Council discussed the precept and agreed to support it in principal contingent on a definitive method of determining actual financial need.

A listing from OSMA of Ohio AMA Delegation meeting times and places for the AMA House of Delegates sessions in Chicago, June 15-19. Jack Schrei-

ber, M.D., is an Ohio delegate to AMA.

A letter from CNA Insurance Companies delineating a pre-admission review program to determine if the care needed can be performed on an-

out-patient basis.

A communication from AMA concerning an AMA Women In Medicine Project Workshop to be presented in conjunction with the Ohio State Medical Association Annual Meeting. It will be held at the Dayton Convention Center on the afternoon of May 5. Registration can be handled through the local

society office.

The Liaison Committee Members reported contacts by Dr. Memo, who contacted legislators at the Federal Level; Dr. Pichette, who had in-person contact with Mrs. Ryan of the Senior Citizens Council; and Dr. Carter, who has been in contact with the Cancer Society. Dr. Memo stated he wishes to expand the concept and would accept commitments from any member who is interested in being liaison with some organization.

The Media Training Committee reported 12 persons took part in the March 22nd session, presented by the Communications Department of OSMA

and the local Society office.

Dr. Memo announced the Mini-Internship Committee will consist of Dr. Y. T. Chiu, chairman; and Drs. J. H. Agnone, S. K. Mishr, J. A. Lambert, K. J. Carter and R. A. Memo. The first meeting of the committee will take

place April 22.

Sixth District OSMA Councilor Dr. J. James Anderson reported on the legislative activity occurring on the State level and noted the activity has resulted in great benefit to the members of the medical community. He particularly noted the results regarding the Nurse Practice legislation and the Medical Board revisions. Dr. Anderson noted the April 2nd meeting of the presidents of the four counties of the Sixth District was quite fruitful and



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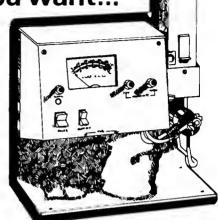
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the participation of some of the vice presidents was appreciated. He announced there will be a a Sixth District Caucus on April 23 at the Avalon Inn in Warren. There was some comment concerning activity by OSMA in the area of liability insurance and Dr. Anderson noted that nothing has been finalized yet.

The appointment of a delegate to OSMA to fill an unexpired term was delayed to allow for contact with those eligible for the post to determine if

any are willing to accept the appointment.

The executive director was instructed to pursue contact with the organizers and promoters of the Health-A-Rama to determine if the Society will participate in future events.

The resignations from Council of Dr. A. DiDomenico and Dr. J. A. Colella were accepted and appointments to the unexpired terms are to be

made at the May meeting of Council.

It was announced that the Society is sponsoring a Rhuematoid Arthritis Seminar for the Non-Specialist that will include a case presentation, audience participation and instruction material. It will be held May 21st at the Avalon Inn in Warren and is being go-sponsored by SKF Pharmaceuticals.

A request from NEOUCOM for a representative from the Society to the College's Scholarship Fund Committee was considered by Council. Tenta-

tively, Dr. Memo agreed to accept the post.

After some discussion of what constitutes fee-splitting, the executive director was instructed to contact the legal department of OSMA for a determination.

The Annual Scholarship Recognition Dinner, in which the Society honors 48 area high school students for academic achievement, will be held April 17 at Antone's. Dr. Joseph S. Gregori is chairman for the event and Dr. Jack Schreiber is the speaker.

The meeting adjourned at 9:42 p.m.

Robert B. Blake Executive Director

PROCEEDINGS OF COUNCIL May 13, 1986

The regular meeting of the Council of the Mahoning County Medical Society was held Tuesday, May 13, 1986 at the Youngstown Club.

The meeting was called to order at 7:27 p.m. by Dr. Memo. The minutes of the April meeting of Council, having been read, were approved.

The treasurer's report included a bills list, notice that 14 members have not yet paid 1986 dues and that is the same number as the last two years at this time of year, and a list of dues receipts and extra income amounts. A motion was made, seconded and passed to pay each and every bill.

The following applications for membership were presented:

ACTIVE: Madhavarao S. Dasu, M.D. Benjamin M. Hayek, M.D. ASSOCIATE: Raul Lopez, M.D. Harry B. Pearce, M.D.

The applications were approved and the applicants will become members of the Mahoning County Medical Society in the voted category 15 days after the names have been printed in the minutes of the May meeting that are mailed to all members, unless an objection is received in writing by the executive director before that effective date.

COMMUNICATIONS:

A "thank you" note from Sharon Chojnacki, a student who was honored at the Society's annual Scholarship Recognition Dinner.

A letter from Congressman Ralph Regula concerning Catastrophic Health Care Cost legislation being considered by a congressional committee.

A.M.A. notice of a seminar concerning Competition in Medicine.

COMMITTEE REPORTS

Dr. Memo reported his legislative liaison efforts have resulted in a communication from Congressman Traficant asking for input concerning pending health-care legislation. The congressman also provided a multi-page review of how Medicare is structured and what some of the reform options are.

Dr. Handel, Pharmacists liaison, reported his contact with a member of their board. The pharmacists are dismayed that a number of physicians are suggesting one specific place for their patients to obtain their prescriptions under the assumption that it is the lowest cost place to purchase prescriptions when, according to the pharmacists, the patient might do better by shopping for the best price. It was noted by Council there are many instances of patients being urged to take generic drugs by pharmacists and that cooperation must be a two-way street.

Dr. Pichette, senior citizens liaison, noted he will be attempting to get retired physicians interested in the Senior Citizens movement so they can

have some effective input.

In other matters, the topic of fee-splitting was discussed and a specific question about the practice has been directed to the Ohio State Medical Association for clarification and a determination.

The members of Council unanimously approved the appointment of Dr. Lloyd E. Slusher to fill the unexpired term as delegate to OSMA that was vacated by Dr. Melnick. The term will run until Dec. 31, 1987. Dr. Slusher was a delegate pro-tem at the recent OSMA House of Delegates meeting in Dayton, filling in for Dr. Melnick.

A report on the House of Delegates meeting was presented by Dr. Slusher; Dr. Memo, who also sat as a delegate; Dr. Wieneke, delegate; Dr. C. E. Pichette, delegate; and Dr. Barton, who sat as a delegate for one session of the house.

A report on the Scholarship Dinner noted the participation of the physicians and their wives as hosts was greatly appreciated and particular praise was extended to Dr. Jack Schreiber, the speaker, for an outstanding presentation.

The new rates for the physicians' hospitalization group were presented with attention called to the fact that the rates have been reduced from last year's rates. The new rates are effective July 1.

The possibility of increasing the overall coverage provided in the medical assistants hospitalization policy is being investigated.

Council approved having new photos taken of the members of the Society, because there are a number of new members who do not have file photos and the composite photo needs to be updated. The executive director was directed to make contact locally for the photo work. It has been four years since the last photos were taken.

The next meeting of the general membership of the Society was announced for Tuesday, May 20 at which time Dr. H. William Porterfield will speak on the possible affiliation of Society physicians with Physicians Health Plan of Columbus, an IPA.

It was announced the Arthritis Seminar scheduled for May 21 at Avalon Inn has been cancelled and registration fees have been returned.

The meeting adjourned at 9:17 p.m.

Robert B. Blake Executive Director

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Š. A. Basile J. B. Werning

July 23 Ğ. S. Sevachko W. F. Sanford

Iuly 24 B. L. Lipton W. G. Palmer

July 25 P. I. Mahar R. M. Roth

July 27 N. D. Belinky M. M. Yarmy

July 29 J. A. Abram, Jr. R. Aiello S. M. Zervos

July 30 J. H. Fulks F. L. Schellhase

August 3 I. Werbner

August 4 D. A. Salcedo

August 6 R. S. Boniface H. S. Wang P. A. Miller

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August 14

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August 28 C. A. Ariza E. T. Saadi

August 30 J. S. Conti D. R. Dockry S. L. PERNI, M.D.

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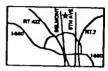
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August 31 L. J. Gasser

Sept. 1
B. Taylor

Sept. 3 D. E. Beynon

Sept. 4 M. B. Krupko E. Kessler Sept. 5 H. X. Kramer A. V. Whittaker

Sept. 6 H. Holden C. Watanakunakorn

Sept. 8 I. Maeda

Sept. 9
A. R. Hoffmaster
C. E. Pichette
M. Awad

Sept. 10 A. K. Phillips

Sept. 12 S. N. Habib C. A. Knight

Sept. 13 R. Bailey-Newton

Sept. 14

M. B. Goldstein
D. J. Tamulonis, Jr.

OSMA AND THE MEDICAL BOARD LEGISLATION

The Ohio State Medical Association supported the Substitute House Bill 769, which significantly increases the authority of the Ohio State Medical Board to discipline physicians. The bill passed the House by a large majority and was sent to the Senate for action.

Substitute House Bill 769 incorporates many needed reforms to the Ohio Medical Practice Act. The bill gives the Medical Board authority to move quickly to suspend the license of physicians who are a serious threat to their patients or the public. It also requires the Board to automatically take the license of physicians who have been convicted of crimes of violence, such as murder, rape, manslaughter and kidnapping. Many of the bill's provisions streamline the Board's procedures.

Additionally, Sub. H.B. 769 requires hospitals to report physicians who have had their hospital privileges suspended or revoked. This will give the Board a major source of new information upon which they can investigate and discipline physicians.

Other reporting provisions would mandate that the Medical Board be notified by prosecutors whenever a physician is convicted of a felony; by medical societies whenever a physician's membership has been suspended or revoked for disciplinary reasons; and by malpractice insurers whenever there has been a settlement or judgment in a malpractice case against a physician in excess of \$25,000.

The bill retains most of the confidentiality of material and allows information to be used for investigative purposes but not for discovery in the event of court action.

The OSMA legislative department spent considerable time and effort in assuring that physicians would not be made victims by the legislation while at the same time agreeing with the need for modification of the Medical Practice Act.

IT IS SAID

I don't know the key to success, but the key to failure is trying to please everybody.

When choosing between two evils, always take one you have never tried

before.

If truth is beauty, how come no one has their hair done in the library? Nothing in life is to be feared. It is only to be understood.

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SOCIETY HEARS LOCAL IPA PLAN

The advantages of participation in an I.P.A. by affiliation with Physicians Health Plan of Columbus were discussed by Dr. H. William Porterfield. chairman of the board of P.H.P., at the May 20 general membership meet-

ing of the Mahoning County Medical Society at Antone's.

Dr. Porterfield explained that P.H.P. was originally formed in Franklin County and five other contiguous counties and its growth was controlled and limited for a period of years until the structure was proven sound. Since 1983, the P.H.P. IPA has expanded to include more than 40 Ohio counties. He noted that the expansion has been only at the invitation of the physicians of each of the counties and has been worked through each of the county medical societies.

Dr. Porterfield alluded to the fact that P.H.P. is a physician controlled HMO and is structured to give the most benefit to the patient while preserv-

ing the physicians' private practice.

Dr. Richard A. Memo, Society president, introduced Dr. Porterfield and his two aides, Fran Baldwin and Therese Tyckosky and explained the trio had met with the steering committee of the group that was forming Neo Care.

The meeting format was changed to allow for the speaker first and then

dinner following Dr. Porterfield's presentation.

MEDICARE PARTICIPATION — A.M.A. NON-PARTICIPATING — A.A.P.S.

This article is a reprint from the October 1965 Bulletin but it is prophetic enough to be included in a present-day issue of the magazine.

In the coming months, we will hear and read much about this controversy and misunderstanding will be wide spread. This will be unfortunate since the members of each group are dedicated to the same common purpose, namely; to render the highest quality health care to all people, regardless of their ability to pay; to further perpetuate and continue to dominate the ever improving standard of health care. However, to accomplish this and preserve the system so long familiar to us, the methods and the philosophies of the two groups conflict and divide, shall we say, into the AMA "passivists" and the AAPS "activists"?

The AMA has advised physicians to act individually if they do not wish to participate in Medicare and warned that acting in concert through medical organizations may be considered a violation of the Sherman Anti-Trust Act. In contrast, the AAPS has stated that although societies cannot coerce physicians to refuse participation in Medicare, medical societies may advocate non-participation for individual physicians, since the action is one to be taken to uphold the high standards of medical care.

The AMA has expressed the desirability of giving advice and guidance to HEW so Medical benefits will be presented in the most meaningful manner to our patients with a minimum of disturbance and inconvenience to the medical profession. The AAPS calls this a complete reversal of AMA policy and an indefensible display of collaboration with and complicity in evil.

Confusing or not, the sum and substance of both groups has a common denominator — we, as individuals are free to act as individuals and think as individuals in arriving at our personal decision. So long as we have this privilege we should feel free to exercise it without fear of criticism from any individual or group. Conscientious thought will be needed to reach a fair and just decision. This decision involves our personal beliefs in morals,

ethics and heritage, the social and economic welfare of our patients, and our political philosophy for now and the future concerning our profession and its future.

Only a few years back former Representative Forand predicted, or forewarned us, when he said, "If we can once get our foot in the door, we can expand and move ahead." The implementation of Medicare is still nine months away but even now editorialists and commentators are predicting the rapid expansion of services and coverage. Why? Because already there are bills (Douglas Amendment) in the legislative "hopper" to do this. The Senior Citizens Council are already asking and working for further expansion of benefits in the form of drugs outside the hospital, elimination of deductible clauses, etc.

It was a "lay" person's letter to the editor in the Sept. 19, 1965, Cleveland Plain Dealer, which rekindled my thoughts on this subject and inspired me to put them in writing and pass them along. In one paragraph he wrote "Ten years ago, Medicare was unthinkable but today it is an unwelcome reality to the AMA, and on Jan. 1, 1966, every working individual will be aware of its cost in his pay check. There is nothing on the horizon to prevent the entire medical - hospital field, for all age groups, from coming under government supervision except restraint in all areas by hospitals, doctors and individuals. Without it, socialized medicine is just a matter of time and politics."

The freedom to choose is still our privilege according to the AMA and the AAPS legal counsul. Our individual decisions will require a great amount of deliberation and soul searching.

C. W. Stertzbach



ITEMS

From the Exec's Desk

ROBERT B. BLAKE, Executive Director

A canny Maine farmer was approached by a stranger who inquired as to the value of the farmer's prize Jersey cow.

The farmer looked the stranger over, thought for a moment, and then asked, "Are you the tax assesor . . . or has she been killed by your car?"

Seven years ago two plaintiff's attorneys in Washington, D.C. concluded there was no basis for a malpractice suit in a case where a woman died on the operating table. They recommended that the family accept a token settlement which the involved physician offered.

Now, according to Medical Economics, the two attorneys have been ordered to pay the woman's family \$643,493. The court found the lawyers negligent by causing the original lawsuit to be dismissed. They should have taken the case to trial even though there was no evidence of medical malpractice!

One cynical non-athletic friend suggests that mountain climbers do *not* rope themselves together for safety. Ropes are used to keep the sensible ones from fleeing for home!

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From the Bulletin

FIFTY YEARS AGO - JUNE 1936

The Townsend Plan was vigorously promoted those days as a cure for economic ills, especially those of the aged. Every old person was to be given \$200.00 a month which had to be spent at once. This spending was expected to boost production and raise the standard of living. This Bulletin with tonguein-cheek figured the total population, less the number to receive benefits, less the number in government employment, less the number prohibited by child labor and unemployment and found there would be two people left to pay. The Editor concluded, "Apparently this leaves things up to you and me, and as I am not feeling so well, that pretty much puts the burden on you!"

The Scott Company announced that the fashionable thing for golf was the return to knickers. You could buy them that fastened at the knees with a cord for \$8.00.

FORTY YEARS AGO — JUNE 1946

President Reilly reported that Post-Graduate Day last month drew attendance from 15 towns in Pennsylvania and 35 in Ohio. It was a fine day and everyone was there to hear the group from Johns Hopkins.

Service records of W. E. Sovik, Milton M. Kendall, Joseph J. Sofrance, Ir., and H. E. Chalker were published. Sovik served with the Navy in the Atlantic theatre and helped with the Normandy invasion. Kendall served with the Air Force and in June, 1944, was attached to the Royal Air Force in the Normandy landing. Later he fought through the Rhineland campaign. He was elected a Fellow of the Royal Society of Medicine and licensed to practice medicine in the United Kingdom. Sofranec served in England and handled casualties from the invasion. Later he served in the Aleutians campaign and was Chief of Surgery at the 183rd Station Hospital in Anchorage. Luke Reed was back from Japan and opened his office. The old Medical-Dental orchestra never got going again. Herman Kling left for Albuquerque. You can't have much of an orchestra without a good hot drummer.

THIRTY YEARS AGO — JUNE 1956

President DeCicco urged the doctors to have regular physical examina-

tions and give a little attention to their own health.

The National Foundation for Infantile Paralysis said that the number of polio cases could be cut in half by a coordinated effort of all concerned. The doctors were willing to coordinate, but they couldn't get enough vaccine. John Rogers was elected President and John Noll Vice President of the

Youngstown Area Heart Association.

Elmer Wenaas was made President of Section on Ophthalmology of the Ohio State Medical Association.

The new Hitchcock Auditorium at the South Side Unit was dedicated in April.

At the Medical-Legal Banquet there were five Bennetts; the Judge, his brother Dr. Wendall, attorneys James and Franklin and Dr. Hugh.

New members that month were: Raymond Boniface, Jack Malkoff and lames Sofranec.

TWENTY YEARS AGO — JUNE 1966

Editor Robert Jenkins said the members' interest in Society affairs was more keen that it had been. Attendance at meetings was improved and the fragmentation of opinion that used to exist has practically disappeared.

The May meeting was devoted to a discussion of Medicare, due to start in June.

David Beynon attended an Urology course at the Cleveland Clinic. Arthur Rappoport presented a paper on Electronic Processing of Laboratory Data at the Pathologic Conference in Hawaii. John J. Turner was at Houston working with DeBakey and Cooley. John McCann was honored by the Ohio State Medical Board for his 21 years service as President.

Council passed a motion that Welfare patients could be referred to the hospital clinics with the approval of their attending physician.

R. P. Meader became a new member. Leonard Green and Kenneth Lloyd were called into military service.

TEN YEARS AGO — JUNE 1976

It was the year of the Bicentennial celebration. The Watergate investigation had come to its inevitable conclusion and Richard Nixon had resigned. Gerald Ford was in the White House. The American citizens were getting a lesson in how a free society can cleanse itself, with much assistance by the news media.

On the local scene, Dr. Jack Schreiber was elected at the OSMA meeting in Cincinnati as a delegate from the OSMA to the AMA. Dr. Leonard Caccamo was speaker at the 10th Annual Scholarship Dinner. Everyone was getting ready for a big Fourth of July celebration - - - 200 years of independence!

Dr. Patrick Fuscoe passed away at the age of 81. He was a Youngstown native, a graduate of Rayen School and Ohio State University School of Medicine. He practiced in Youngstown for 35 years.

New members that month were: Active — Musli Karmindro, M.D. and Howard X. Kramer, M.D. Associate Members — Daniel W. Handel, M.D. and James M. Kline, D.O.

Robert R. Fisher, M.D.

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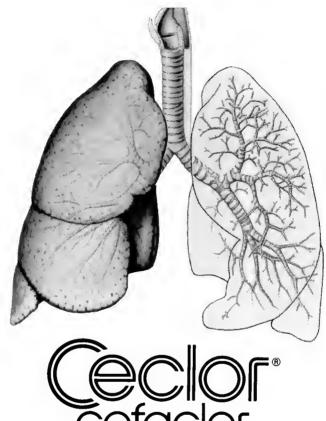
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Administer cautiously to allergic patients. Pseudomembranous collitis has been reported with virtually all broad-spectrum antibiotics. It must be considered in differential diagnosis of antibioticassociated diarrhea. Colon flora is altered by broadspectrum antibiotic treatment, possibly resulting in

Precautions:

antibiotic-associated colitis.

- Discontinue Ceclor in the event of allergic reactions to it.
- Prolonged use may result in overgrowth of nonsusceptible organisms.
- Positive direct Coombs' tests have been reported during treatment with cephalosporins.
- In renal impairment, safe dosage of Ceclor may be lower than that usually recommended. Ceclor should be administered with caution in such patients.
- Broad-spectrum antibiotics should be prescribed with caution in individuals with a history of gastrointestinal disease, particularly colitis.
- Safety and effectiveness have not been determined in pregnancy, lactation, and infants less than one month old. Cector penetrates mother's milk. Exercise caution in prescribing for these patients.

Adverse Reactions: (percentage of patients) Therapy-related adverse reactions are uncommon.

- Those reported include:

 Gastrointestinal (mostly diarrhea): 2.5%
- Symptoms of pseudomembranous colitis may appear either during or after antibiotic treatment.
- Hypersensitivity reactions (including morbilliform eruptions, pruritus, urticaria, erythema multiforme, serum-sickness-like reactions); 1.5%; usually subside within a few days after cessation of therapy. These reactions have been reported more frequently in children than in adults and have usually occurred during or following a second course of therapy with Ceclor. No serious sequelae have been reported. Antihistamines and corticosteroids appear to enhance resolution of the syndrome.
- Cases of anaphylaxis have been reported, half of which have occurred in patients with a history of penicillin allergy.
- Other: eosinophilia, 2%; genital pruritus or vaginitis, less than 1%.

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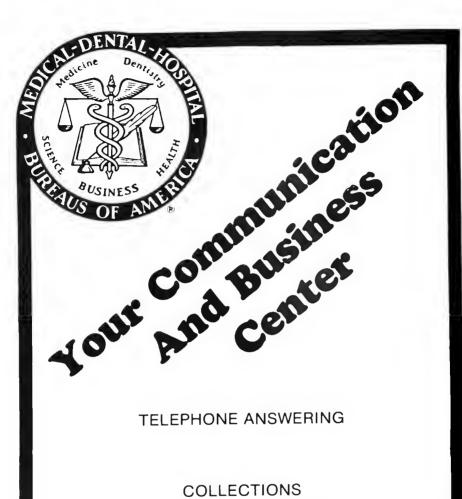
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